

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	2200	10-25-99
O.I.P.E. CLASSIFIER		49	10/29/99
FORMALITY REVIEW	BY	71423	11-4-99
		71423	11-17-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 10/1
2	✓ 10/2
3	✓ 10/2
4	✓ 10/2
5	✓ 10/2
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here